



DONALD L. WOLFE, Director

# COUNTY OF LOS ANGELES

## DEPARTMENT OF PUBLIC WORKS

*"To Enrich Lives Through Effective and Caring Service"*

900 SOUTH FREMONT AVENUE  
ALHAMBRA, CALIFORNIA 91803-1331  
Telephone: (626) 458-5100  
www.ladpw.org

ADDRESS ALL CORRESPONDENCE TO:  
P.O. BOX 1460  
ALHAMBRA, CALIFORNIA 91802-1460

July 20, 2006

IN REPLY PLEASE

REFER TO FILE: **AS-0**

The Honorable Board of Supervisors  
County of Los Angeles  
383 Kenneth Hahn Hall of Administration  
500 West Temple Street  
Los Angeles, CA 90012

Dear Supervisors:

### **JANITORIAL SERVICES SUPERVISORIAL DISTRICTS 1, 3, AND 5 3 VOTES**

#### **IT IS RECOMMENDED THAT YOUR BOARD:**

1. Find that the recommended action is exempt from the provisions of the California Environmental Quality Act (CEQA).
2. Find that these services can be more economically performed by an independent contractor than by County employees.
3. Award six contracts for Janitorial Services to Premier Building Maintenance Services, Inc., for each location at the annual amounts of compensation listed below, and direct the Mayor to execute the contracts. These contracts will be for a term of one year commencing on September 1, 2006, with two 1-year renewal options, not to exceed a total contract period of three years. Funds are available in Public Works' 2006-07 Flood Fund, Internal Services Fund, and Road Fund.

Location	Annual Amount
Altadena Yard - Fleet Management	\$ 9,120
Baldwin Park Yard - Road Maintenance and Fleet Management	\$ 26,160
Eaton Yard - Flood Maintenance and Operational Services	\$ 7,608
Malibu Yard - Road Maintenance	\$ 10,128
Santa Clara Yard - Flood Maintenance	\$ 6,084
Saticoy Yard - Survey	\$ 720

4. Authorize the Director of Public Works to renew these contracts for each additional renewal option, if, in the opinion of the Director, renewal is warranted; to grant month-to-month extensions to the final contract term not exceeding a total of six months, for the convenience of the County; and to terminate them, if, in the opinion of the Director, it is in the best interest of the County to do so.

#### **PURPOSE/JUSTIFICATION OF RECOMMENDED ACTION**

These contracts are for janitorial services to be provided to various Public Works facilities throughout the County of Los Angeles. These contracts will help Public Works expeditiously meet the need for janitorial services. Public Works has contracted for janitorial services at various locations since 1984. The purpose of this action is to contract for these services at the specified locations.

#### **Implementation of Strategic Plan Goals**

The award of these contracts is consistent with the County Strategic Plan Goals of Service Excellence and Organizational Effectiveness as the qualified contractors have the specialized expertise to provide these services accurately, efficiently, timely, and in a responsive manner. Utilization of these contracts will result in increasing the efficiency and effectiveness of contracting for janitorial services.

#### **FISCAL IMPACT/FINANCING**

These contracts are for an aggregate amount not to exceed \$59,820 annually. This amount is based on the annual prices quoted by the contractor. Funds are available in the Public Works' 2006-07 Flood Fund, Internal Services Fund, and Road Fund. There will be no impact on net County cost.

Location	Source of Funding	Annual Amount
Altadena Yard	Internal Services Fund	\$ 9,120
Baldwin Park Yard	Road Fund	\$ 15,696
	Internal Services Fund	\$ 10,464
Eaton Yard	Flood Fund	\$ 4,560
	Internal Services Fund	\$ 3,048
Malibu Yard	Road Fund	\$ 10,128
Santa Clara	Flood Fund	\$ 6,084
Saticoy	Internal Services Fund	\$ 720

Each individual contract will be for an initial period of one year commencing on September 1, 2006. Thereafter, the Director may renew the contracts from year to year for a total contract period not to exceed three years. There will be no cost-of-living adjustments.

Using methodology approved by the Auditor-Controller, Public Works has calculated the cost-effectiveness of contracting for this Proposition A service, and has determined that this service can be more economically performed by an independent contractor than by County employees.

### **FACTS AND PROVISIONS/LEGAL REQUIREMENTS**

The contracts, which are enclosed, have been executed by the contractor and approved as to form by County Counsel.

Since these are Proposition A contracts, Public Works has determined that the contractor complies with the requirements of the Living Wage Program (Los Angeles County Code Chapter 2.201) and agrees to pay its full-time employees providing County services a living wage.

Public Works has accessed available resources to review and assess the proposed contractor's past performance, history of Labor Law violations, and prior performance on County contracts.

### **ENVIRONMENTAL DOCUMENTATION**

With respect to the requirements of CEQA, this service is categorically exempt as set forth in Section 15301 of the State CEQA guidelines.

### **CONTRACTING PROCESS**

On April 7, 2005, Public Works issued a Request for Statements of Qualifications (RFSQ) soliciting 317 independent contractors and community business enterprises to accomplish this work. A Notice of RFSQ was also placed on the County's bid website (Enclosure A), and an advertisement was placed in the Los Angeles Times.

On April 21, 2005, 21 Statements of Qualifications were received. The statements were first reviewed to ensure they met the mandatory requirements outlined in the RFSQ. Eighteen of the 21 statements met these mandatory requirements. These 18 statements were then evaluated by an evaluation committee consisting of Public Works staff.

The committee's evaluation was based on criteria described in the RFSQ, including experience, financial resources, and references. Based on this evaluation, Public Works selected five responsive and responsible vendors.

Pursuant to the applicable Memorandum of Understanding, the RFSQ of these contracted services was submitted on May 8, 2006, for SEIU – Local 660 review. On July 11, 2006, Public Works met with the Union representative from SEIU – Local 660 to listen and respond to concerns relative to this RFSQ. During this meeting, Public Works responded to the Union's concern of contracting out. The Union requested additional information that will be provided on or before July 31, 2006.

An Invitation for Bids was mailed on May 5, 2006, to the five qualified vendors. Three of the five qualified vendors submitted bids on the janitorial services described herein. Premier Building Maintenance Services, Inc., (Premier) was the lowest bidder for the six locations. The bid amounts from Premier are as follows: \$9,120 for Altadena Yard; \$26,160 for Baldwin Park Yard; \$7,608 for Eaton Yard; \$10,128 for Malibu Yard; \$6,084 for Santa Clara Yard; and \$720 for Saticoy Yard.

Enclosure B reflects the proposers' minority participation. The contractor was selected upon final analysis and consideration without regard to race, creed, gender, or color.

These contracts contain terms and conditions supporting Board-sponsored policies such as contractor responsibility and debarment (revised), jury service requirements, the Safely Surrendered Baby Law, and charitable activities compliance.

Proof of the required Comprehensive General and Automobile Liability insurance policies, naming the County as additional insured, and evidence of Workers' Compensation insurance will be obtained from the contractor before any work is started.

As requested by your Board, the contractor has submitted a safety record that reflects that activities conducted by the contractor in the past have been according to reasonable standards of safety.

In accordance with the Chief Administrative Officer's June 15, 2001, instructions, this is Public Works' assurance that this contractor will not be requested to perform services that will exceed the contract's approved amount, scope of work, terms and conditions, and/or duration.

The Honorable Board of Supervisors  
July 20, 2006  
Page 5

**IMPACT ON CURRENT SERVICES (OR PROJECTS)**

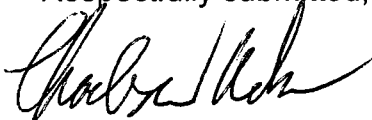
The award of these contracts will not result in the displacement of any County employees.

**CONCLUSION**

Enclosed are three copies of each contract. Upon approval, please return the Contractor Execute and Department Conform copies to this office. The original Board Execute copies should be retained for your files.

One adopted copy of this letter is requested.

Respectfully submitted,

A handwritten signature in black ink, appearing to read "Donald L. Wolfe", is written over the typed name.

DONALD L. WOLFE  
Director of Public Works

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Enc. 20

cc: Chief Administrative Office  
County Counsel

Award Information has not been added at this time.

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### Bid Information

**Bid Number :** PW-ASD 249  
**Bid Title :** JANITORIAL SERVICES  
**Bid Type :** Service  
**Department :** Public Works  
**Commodity :** JANITORIAL/CUSTODIAL SERVICES  
**Open Date :** 4/7/2005  
**Closing Date :** 4/21/2005 5:30 PM  
**Notice of Intent to Award :** [View Detail](#)  
**Bid Amount :** N/A  
**Bid Download :** Not Available  
**Bid Description :** PLEASE TAKE NOTICE that Public Works requests statements of qualification for contracts for "Janitorial Services". The approximate value of the contracts is expected to be between \$10,000 and \$920,000 per year. Proposers must meet all minimum requirements set forth in the Request for Statements of Qualification (RFSQ) document including, but not limited to, at least three years' experience performing janitorial work for business, commercial, or government institutions. If not attached to this letter, the RFSQ with contract specifications, forms and instructions for preparing and submitting proposals may be requested from Mr. Scott Smith at (626) 458 4055, Monday through Thursday, 7 a.m. to 5 p.m.

A Vendors' Conference will be held on Thursday, April 14, 2005, at 2 p.m. at Public Works Headquarters, 900 South Fremont Avenue, Alhambra, California 91803, in Conference Room B. ATTENDANCE BY THE PROPOSER OR AN AUTHORIZED REPRESENTATIVE IS MANDATORY. Public Works will reject proposals from those whose attendance cannot be verified. Attendees should be prepared to ask questions at that time about the specifications, proposal requirements, and contract terms. After the Conference, it may be impossible to respond to further requests for information. The deadline to submit proposals is Thursday, April 21, 2005, at 5:30 p.m. Please direct your questions to Mr. Smith at the number above.

The conference facility complies with the Americans with Disabilities Act (ADA). With four business days' notice, Public Works will make all reasonable efforts to provide information in alternate formats and other accommodations for people with disabilities. For the ADA Coordinator, please call (626) 458 4081 or TDD at (626) 282 7829, Monday through Thursday, 7 a.m. to 5:30 p.m.

**Contact Name :** SCOTT SMITH  
**Contact Phone# :** (626) 458-4055  
**Contact Email :** [scsmith@ladpw.org](mailto:scsmith@ladpw.org)  
**Last Changed On :** 4/7/2005 5:41:24 PM

[Back to Last Window](#)

[Back to Award Main](#)

County of Los Angeles  
Request for Local Small Business Enterprise (SBE) Preference Program Consideration and  
SBE Firm Organization Information Form

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Premier Building Maintenance Services

My County (WebVen) Vendor Number: 52514001

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	<input type="checkbox"/> Sole	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Franchise	
<input type="checkbox"/> Other (Please Specify):						
Total Number of Employees (including owners): 125						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American			3		7	
Hispanic/Latino			9	2	75	17
Asian or Pacific Islander	1	1	3		4	3
American Indian						
Filipino						
White						

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	35%	%	%	%
Women	%	%	65%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <i>Kimberly Robie</i>	Title: President	Date: 5/30/2006
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

**All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.**

FIRM NAME: **Diamond Contract Services, Inc.**

My County (WebVen) Vendor Number: **52871201**

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ **I AM NOT** A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.

☐ **I AM**

☐ As an eligible Local SBE I request this proposal/bid be considered for the Local SBE Preference

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

<b>Business Structure:</b>	<input type="checkbox"/> Sole	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit	<input type="checkbox"/> Franchise	
<input type="checkbox"/> Other (Please Specify):						
<b>Total Number of Employees</b> (including owners): <b>720</b>						
<b>Race/Ethnic Composition of Firm.</b> Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American	1		4	2	78	44
Hispanic/Latino			6	3	249	333
Asian or Pacific Islander						
American Indian						
Filipino						
White			1	1		

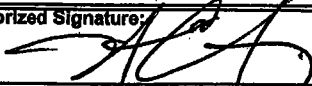
**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	100 %	%	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
NMSDC	X				
CPUC	X				

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Title: <b>President/CEO</b>	Date: <b>05/30/06</b>
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All vendors responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: **FACILITY OPERATIONS PLUS**

My County (WebVen) Vendor Number: **12064801**

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
<input checked="" type="checkbox"/> I AM	
<input checked="" type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Corp.	<input type="checkbox"/> Franchise
<input type="checkbox"/> Other (Please Specify):					
Total Number of Employees (including owners):					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Black/African American					
Hispanic/Latino			2	24	8
Asian or Pacific Islander					
American Indian					
Filipino					
White	2		1	1	9

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Excluded
N/A					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
<i>[Signature]</i>	PRESIDENT	4-21-05

All vendors responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: **LEE'S MAINTENANCE SERVICE, INC.**

My County (WebVen) Vendor Number: **12564101**

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Corp.	<input type="checkbox"/> Franchise
<input type="checkbox"/> Other (Please Specify):					
Total Number of Employees (including owners): <b>307</b>					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Black/African American	1		4	10	12
Hispanic/Latino			2	119	105
Asian or Pacific Islander			1	12	4
American Indian					
Filipino				7	12
White				12	5

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

Men	100 %	%	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

City of Los Angeles	X				8/11/05
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**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <b>Tyrone P. Ingram</b>	Title: <b>President</b>	Date: <b>April 20, 2005</b>
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

All proposers responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

<b>FIRM NAME:</b>	
<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bids submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	
My County (WebVen) Vendor Number:	

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Partnership <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Non-Profit <input type="checkbox"/> Franchise						
<input type="checkbox"/> Other (Please Specify)						
Total Number of Employees (including owners): 3879						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American			9	7	276	253
Hispanic/Latino			32	15	1226	1339
Asian or Pacific Islander			1	0	76	32
American Indian			0	0	12	1
Filipino			0	0	0	0
White	1		22	17	453	107

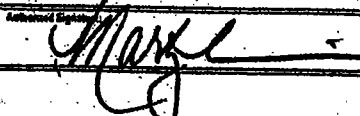
**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	100 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Dis- advantaged	Disabled Veteran	Expiration Date
N/A					

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

	<b>Vice President</b>	<b>4-21-05</b>
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All vendors responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Executive-Suite Services, Inc.

My County (WebVen) Vendor Number: 02999501

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☐ I AM NOT ☒ I AM A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.

☒ As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☐ Sole Proprietor ☐ Partnership ☒ Corporation ☐ Nonprofit Corp. ☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 30

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

	OWNERS/Partners		Managers		Staff	
	White	Other	White	Other	White	Other
Black/African American						
Hispanic/Latino			2		18	5
Asian or Pacific Islander						
American Indian					2	
Filipino						
White	1			2		

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	100 %
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

	Minority	Women	Disadvantaged	Disabled Veteran

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:

Title:

President

Date:

4-21-15

All vendors responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: KOREAN MAINTENANCE CO.

My County (WebVen) Vendor Number: 03930901

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.  
☐ I AM As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	<input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Corp.	<input type="checkbox"/> Franchise
<input type="checkbox"/> Other (Please Specify):					
Total Number of Employees (including owners): 38					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Black/African American			2	1	4 2
Hispanic/Latino			2		14 10
Asian or Pacific Islander	1				1
American Indian					
Filipino					
White					1

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	100 %	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <i>Linda Parley</i>	Title: General Manager	Date: 4/21/05
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**County of Los Angeles**  
**Request for Local Small Business Enterprise (SBE) Preference Program Consideration and**  
**CBE Firm/Organization Information Form**

vendors responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: **UNISERVE Facilities Services Corp.**

My County (WebVen) Vendor Number: **N/A**

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.

☐ I AM

☐ As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Corp.	<input type="checkbox"/> Franchise	
<input type="checkbox"/> Other (Please Specify):						
Total Number of Employees (including owners): <b>345</b>						
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:						
Race/Ethnic Composition	Owner/Partner/Associate/Partner		Manager		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American	0	0	0	0	12	11
Hispanic/Latino	0	0	9	8	138	137
Asian or Pacific Islander	0	0	2	2	6	6
American Indian	0	0	0	0	0	0
Filipino	0	0	0	0	0	0
White	0	0	2	2	18	17

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed:

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	100 %	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
City of Los Angeles	X				
Metropolitan Transit Authority	X				

**DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Title: <b>V.P. Marketing &amp; Sales</b>	Date: <b>4-20-05</b>
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All vendors responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: **BELL BUILDING MAINTENANCE COMPANY**

My County (WebVen) Vendor Number: **50747701**

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

<input checked="" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	<input checked="" type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Corp.	<input type="checkbox"/> Franchise
<input type="checkbox"/> Other (Please Specify):					
Total Number of Employees (including owners): <b>106</b>					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
	Male		Female		
Black/African American					
Hispanic/Latino					<b>30 25</b>
Asian or Pacific Islander		<b>1</b>	<b>3</b>	<b>1</b>	<b>25 20</b>
American Indian					
Filipino			<b>1</b>		
White					


**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	<b>100</b> %	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled/Veteran	Year of Certification
<b>CITY OF LOS ANGELES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>YES</b>	<b>2005</b>

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: 	Title: <b>SALES MANAGER</b>	Date: <b>4/8/05</b>
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All vendors responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: WWC WINDOW CLEANING OF LOS ANGELES, INC.

My County (WebVen) Vendor Number: 11933501

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

<input type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
<input checked="" type="checkbox"/> I AM	
<input checked="" type="checkbox"/> As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.	

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Corp.	<input type="checkbox"/> Franchise
<input type="checkbox"/> Other (Please Specify):					
Total Number of Employees (including owners): 150					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
	Sole Proprietor/Partners/Associated Partners		Employees		
	Male	Female	Male	Female	
Black/African American	3				
Hispanic/Latino			1	1	143 2
Asian or Pacific Islander					
American Indian					
Filipino					
White					

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	100 %	%	%	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
COUNTY OF LOS ANGELES	MBE				2/18/2007
DGS PROCUREMENT DIVISION			DVBE		2/28/08

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:	Title:	Date:
	PRESIDENT	4.21.05



All vendors responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: National Pinnacle Care, Inc.

My County (WebVen) Vendor Number: 12304001

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.

☐ I AM

☐ As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☐ Sole Proprietor ☐ Partnership ☒ Corporation ☐ Nonprofit Corp. ☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 17

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

Race/Ethnicity	OWNERS		EMPLOYEES		TOTAL	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino						
Asian or Pacific Islander	2		4	2	6	3
American Indian						
Filipino						
White						

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	100 %	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>[Signature]</u>	Title: <u>Secretary</u>	Date: <u>4-21-05</u>
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All vendors responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME:

The Resource Collection, Inc

My County (WebVen) Vendor Number: 52057801

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT☐ I AM

A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.

☐

As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:

☐

Sole Proprietor

☐

Partnership

☒

Corporation

☐

Nonprofit Corp.

☐

Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 1,500

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

	OWNERS (100%+)		MANAGEMENT		STAFF	
	Male	Female	Male	Female	Male	Female
Black/African American			4	2	37	52
Hispanic/Latino			12	5	95	412
Asian or Pacific Islander				1		
American Indian						
Filipino			2			
White		2	8	10		

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	%	%	%	%	%	100 %

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled/Veteran	Certification Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:

Steve Jacobson

Title:

Soc. Treasurer

Date:

April 18, 2005

Report prepared by South Dakota Dept. of Social Services, 1978, in response to the Human Connections and Family Film Organization information form.

**All vendors responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.**

FIRM NAME: COME LAND MAINTENANCE CO., INC.

**My County (WebVen) Vendor Number:**

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

**I AM NOT**

**A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.**

☒ I AM



As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

II. **FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

### Business Structure:

**Sole Proprietor**

## Partnership

☒

## Competition

**D**

## Nonprofit-Corn



## Franchise

☐ Other (Please Specify):

**Total Number of Employees (including owners):** 150

**Race/Ethnic Composition of Firm.** Please distribute the above total number of individuals into the following categories:

Race/Ethnic Composition	Owners/Partners/ Associate Partners		Managers		Staff	
	Male	Female	Male	Female	Male	Female
Black/African American						
Hispanic/Latino			1		50	25
Asian or Pacific Islander	1	1	1	2	44	25
American Indian						
Filipino						
White						

III. **PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Philippine	White
Men	%	%	0 %	%	%	%
Women	%	%	100 %	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disadvantaged	Expiration Date
DGS-PROCUREMENT DIV.	✓	✓	✓		05/31/06

V. **DECLARATION: I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.**

**Authorized Signature**

Signature: 

## Title:

**CONTRACTOR**

**Date:**

04/15/05

All vendors responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Maxim Building Carem Inc.

My County (WebVen) Vendor Number: 05237401

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.

☐ I AM

☐ As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure: ☐ Sole Proprietor ☐ Partnership ☒ Corporation ☐ Nonprofit Corp. ☐ Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 50

Race/Ethnic Composition of Firm, Please distribute the above total number of individuals into the following categories:

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Black/African American						
Hispanic/Latino			2	1	22	24
Asian or Pacific Islander		1				
American Indian						
Filipino						
White						

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	100 %	%	%	%
Women	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:

*Edward Chen*

Title:

President

Date:

April 21, 2005

FIRM NAME: MARY & SON JANITORIAL MAINTENANCE SERVICE, INC

My County (WebVen) Vendor Number: 11512301

LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM

<input checked="checked" type="checkbox"/> I AM NOT	A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.
<input type="checkbox"/> I AM	
<input type="checkbox"/>	As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

Business Structure:					
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Corp.	<input type="checkbox"/> Franchise	
<input type="checkbox"/> Other (Please Specify):					

	1	1		2
Black/African American				
Hispanic/Latino				
Asian or Pacific Islander				
American Indian				
Filipino				
White				

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	%	%	%	%	%
Women	100 %	%	%	%	%	%

Agency Name	Minority	Women	Disadvantaged	Disabled Veteran	Expiration Date
DGS-SMALL BUSINESS		0008094			08/31/06
SCMBDC	56172				09/01/05

Authorized Signature: <i>May A. Pitchford</i>	Title: President	Date: 4/20/15
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All vendors responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Eastside Window Cleaning

My County (WebVen) Vendor Number: ORANGE

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☒ I AM NOT

☐ I AM

A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.

☐ As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:	<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Partnership	<input checked="" type="checkbox"/> Corporation	<input type="checkbox"/> Nonprofit Corp.	<input type="checkbox"/> Franchise
<input type="checkbox"/> Other (Please Specify):					
Total Number of Employees (including owners): <u>12</u>					
Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:					
Black/African American					
Hispanic/Latino	<u>90 %</u>				
Asian or Pacific Islander					
American Indian					
Filipino					
White	<u>10 %</u>				

**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Men	%	<u>80 %</u>	%	%	%	<u>10 %</u>
Women	%	<u>10 %</u>	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)

Agency Name:	Agency Address:	Agency Phone:	Agency Fax:	Agency Email:

**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature: <u>Frank Sulick</u>	Title: <u>President</u>	Date: <u>4/14/05</u>
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All vendors responding to the Request for Proposals must complete and return this form for proper consideration of the proposal.

FIRM NAME: Nam Min , Cho

My County (WebVen) Vendor Number: 95-4730849

**I. LOCAL SMALL BUSINESS ENTERPRISE PREFERENCE PROGRAM:**

☐ I AM NOT

A Local SBE certified by the County of Los Angeles Office of Affirmative Action Compliance as of the date of this proposal/bid's submission.

☐ I AM



As an eligible Local SBE, I request this proposal/bid be considered for the Local SBE Preference.

**II. FIRM/ORGANIZATION INFORMATION:** The information requested below is for statistical purposes only. On final analysis and consideration of award, contractor/vendor will be selected without regard to race/ethnicity, color, religion, sex, national origin, age, sexual orientation or disability.

Business Structure:



Sole Proprietor



Partnership



Corporation



Nonprofit Corp.



Franchise

☐ Other (Please Specify):

Total Number of Employees (including owners): 69

Race/Ethnic Composition of Firm. Please distribute the above total number of individuals into the following categories:

	Black/African American	Hispanic/Latino	Asian or Pacific Islander	American Indian	Filipino	White
Black/African American	1					5
Hispanic/Latino	3	1				20
Asian or Pacific Islander	1	1	3	2		5
American Indian						
Filipino						
White						2

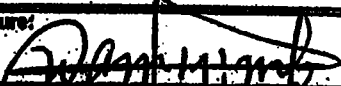
**III. PERCENTAGE OF OWNERSHIP IN FIRM:** Please indicate by percentage (%) how ownership of the firm is distributed.

	Men	Women	50	50			
Men	%	%	%	%	%	%	%
Women	%	%	%	%	%	%	%

**IV. CERTIFICATION AS MINORITY, WOMEN, DISADVANTAGED, AND DISABLED VETERAN BUSINESS ENTERPRISES:** If your firm is currently certified as a minority, women, disadvantaged or disabled veteran owned business enterprise by a public agency, complete the following and attach a copy of your proof of certification. (Use back of form, if necessary.)


**V. DECLARATION:** I DECLARE UNDER PENALTY OF PERJURY UNDER THE LAWS OF THE STATE OF CALIFORNIA THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Authorized Signature:



Title:

President

Date:

04/21/05

**2004-2005** **12th** **12th Annual Conference**

## TOTAL COMPOSITION OF WORK FORCE

000

Tracer Goodwill Industries of Southern California Project Title

**Director Address** 342 N. San Fernando Rd., LA CA 90031

**Work Period as of (Date) 4/15/2005**

### **Length of Contract**

It is not necessary to say that the above is a very rough sketch of the general character of the work of the Commission. It is not intended to be a complete statement of the work of the Commission, but only to give a general idea of the work of the Commission.

[illegible]

FOR NON-CONSTRUCTION PROJECTS																				
AFRICAN AMERICAN (BLACK)			HISPANIC			ASIAN OR PACIFIC ISLANDER			AMERICAN NATIVE			CAUCASIAN NON-HISPANIC			TOTAL EMPLOYERS		% MINORITY		GROWTH	
REGULAR	TRADES		REGULAR	TRADES		REGULAR	TRADES		REGULAR	TRADES		REGULAR	TRADES		R	T	R	T	M	F
11	0	26	0	0	9	0	0	1	0	0	32	0	0	79	0	0	59	0	39	40
16	0	27	0	0	3	0	0	1	0	0	28	0	0	75	0	0	63	0	28	47
2	0	3	0	0	2	0	0	0	0	0	4	0	0	11	0	0	64	0	7	4
132	11	278	44	26	11	0	9	0	0	122	34	0	0	558	98	65	78	282	374	
16	0	34	0	11	1	0	0	1	0	14	0	0	76	0	0	82	0	22	54	
10	0	31	0	1	0	0	0	0	0	3	0	0	45	0	0	93	0	44	1	
86	44	133	132	13	1	4	30	1	4	66	54	299	264	78	80	844	219			
11	16	15	11	2	0	0	0	0	0	0	7	28	34	100	79	45	17			
284	71	547	187	67	39	4	4	269	95	1171	396	75	25	311	756					

Employment Statistics Were Obtained From ☒ Available Records ☐ Visual Check ☐ Other (Specify)

Typed Manifests Were Obtained From: ☒ Available Records ☐ Visual Check ☐ Other (Specify)

## 2.2